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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/551,017			ing Date 01/2006	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	N	UMBER FI	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A	1	N/A		1	N/A	
	FAL CLAIMS CFR 1 16(i))		minus 20 =			1	X \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	m	inus 3 = *		l	X \$ = 1		1	x s =	
☐APPLICATION SIZE FEE (37 GFR 1.16(a)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1/ft)(3) and 37 GFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) CLAUMS HIGHEST							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	01/24/2011	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 8	Minus	20	= 0		x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	···3	= 0	1	x s =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**	-		X \$ =		OR	X 8 =	
Ω	Independent (37 CFR 1 16(h))		Minus	***	-]	X \$ =		OR	X 8 =	
Ν̈́	Application Size Fee (37 CFR 1.16(s))					1					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 0" in column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (In Idla or Independent) is the highest number found in the appropriate box in column 1. *If the ordering or Internation is accounted by 37 CET 1. If a Disinformation is an ungested not believe or estain a parent the first or applicability in the light and the parent paid in the parent parent paid in a parent pare											

This collection of information is required by 37 CFR 11.6. The information is required to obtain or retain a benefit by the public which is to file (and by the 1921 process) an application. Confidentially 39 cycered by 38 cycered by 38 CFR 11.6. This collection is estimated to take 12 namidus to complete, including gathering, preparing, and submitting the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2231-0. D. NOT ISEN DES ON CONTROLLED FOR STOT THIS ADDRESS SERVING TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2231-0. Box 1450, Alexandrius, VA 2231-3. Box 1450. D. NOT ISEN DES ON CONTROLLED FOR STOT THIS ADDRESS SERVING TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2231-3. Box 1450.